

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
Applicant

Filing Date

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.		DEP.	IND.	DEP.	IND.		IND.		DEP.	IND.	DEP.	
	1						51						
2							52						
3							53						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.				2			TOTAL REQ.						
TOTAL DEP.				35			TOTAL DEP.						
TOTAL CLAIMS				31			TOTAL CLAIMS						

BEST AVAILABLE COPY